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Fill	in this information to identify your c	ase:								
	otor 1 Shelby Aland									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_					
_	ee number 24-10024 own)				_	Check if this is: ☑ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:				
	fficial Form 106l chedule I: Your Inc					MM / DD/ Y				
Be a	is complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form.	sible. If two married peo are married and not filir ir spouse is not filing wi	ng jointly, and your s ith you, do not inclu	spouse i de inforr	s living w nation ab	vith you, inclu out your spo	ude information abou use. If more space is	t your needed,		
1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed☑ Not employed			⊠ Employed ☐ Not employed				
	Include part-time, seasonal, or	Occupation Employer's name Employer's address	Behavioral Tech			Warehou	Warehouse Associate			
	self-employed work. Occupation may include student		Crossroads Treatment Center			Aldi Inc 1100 E Warrenville Road				
	or homemaker, if it applies.									
			3050 Hamilton Blvd Ste 220B Allentown, PA 18103			Naperville, IL 60563				
	How long employed there? 1 week						4 years			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dass you are separated.	ate you file this form. If yo	ou have nothing to rep	ort for ar	ny line, writ	te \$0 in the sp	ace. Include your non-f	iling spouse		
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	mployers	for that perso	n on the lines below. If	you need		
					For	Debtor 1	For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,		\$	953.33	\$	-				
3.	Estimate and list monthly overt		3.	+\$	0.00	+\$0.00	<u>-</u>			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	953.33	\$ 4,915.08			

Official Form 106I Schedule I: Your Income page 1

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Debto	or 1	Shelby Alandra Schlener	•	Case n	umber (if known)	24-10	024		
				For Debtor 1		non-f	Debtor 2 or filing spouse		
	Cop	by line 4 here	4.	\$	953.33	\$	4,915.08		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	95.33	\$	760.45		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00		
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	\$ \$	0.00	\$ <u> </u>	0.00		
	5u. 5e.	Insurance	5d. 5e.	ν \$	0.00	φ \$	408.87		
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00		
	5g.	Union dues	5g.	\$	0.00	\$	0.00		
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00		
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	95.33	\$	1,169.32		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	858.00	\$	3,745.76		
	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					0.00		
	٥Ŀ	monthly net income.	8a.	\$	0.00	\$	0.00		
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	\$		\$			
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00		
	8d.	Unemployment compensation Social Security	8d.	\$ \$	0.00	\$	0.00		
	8e. 8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.	\$ \$	0.00	\$ \$	0.00		
	8g.	Pension or retirement income	– 8g.	\$	0.00	\$	0.00		
	8h.	Other monthly income. Specify: SNAP	_ 8h.+	\$	75.00	+ \$	0.00		
		Pro-rated tax refund		\$	130.00	\$	0.00		
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	205.00	\$	0.00		
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	,063.00 + \$_	3,74	45.76 = \$ 4,86	08.76	
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies			•		7-	08.76	
							Combined monthly inc	ome	
13.	Do y ⊠ □	you expect an increase or decrease within the year after you file this form' No. Yes. Explain:	?					1	